



HEALTH QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
HealthPartners UnityPoint Health, Inc.

NAIC Group Code 4870 1258 (Owner 1) (Owner 2) NAIC Company Code 15888 Employer's ID Number 32-0484314

Organized under the Laws of Iowa, State of Domicile or Port of Entry IA

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/28/2016 Commenced Business 01/28/2016

Statutory Home Office 3737 Woodland Ave, Suite 310 (Street and Number) West Des Moines, IA, US 50266 (City or Town, State, Country and Zip Code)

Main Administrative Office 3737 Woodland Ave, Suite 310 (Street and Number) West Des Moines, IA, US 50266 (City or Town, State, Country and Zip Code) 515-695-3801 (Area Code) (Telephone Number)

Mail Address 3737 Woodland Ave, Suite 310 (Street and Number or P.O. Box) West Des Moines, IA, US 50266 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8170 33rd Avenue South (Street and Number) Minneapolis, MN, US 55440-1309 (City or Town, State, Country and Zip Code) 952-883-6584 (Area Code) (Telephone Number)

Internet Website Address www.HealthPartnersunitypointhealth.com

Statutory Statement Contact Kevin Brandt (Name) 952-883-6584 (Area Code) (Telephone Number) Kevin.J.Brandt@HealthPartners.com (E-mail Address) 952-883-6500 (FAX Number)

OFFICERS

President Kathy A. Johnson

Treasurer Kathy A. Johnson

Secretary Matt Romanin

OTHER

DIRECTORS OR TRUSTEES

Steve Palmersheim

Matt Romanin

Kathy A. Johnson

Josh Rehmann, MD

Steven E. Konnath

Mohammad Suleiman #

State of Iowa

County of Polk

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kathy A. Johnson President

Matt Romanin Secretary

Kathy A. Johnson Treasurer

Subscribed and sworn to before me this day of , 2025

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

Matt Romanin appeared before me this day of ,2025.

Books and records are also accessible at 3737 Woodland Avenue, Suite 310, West Des Moines, IA 50266. The administrative office phone number is 515-695-3801.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 1,141,222), cash equivalents (\$ 29,047,291) and short-term investments (\$)	30,188,513		30,188,513	16,871,809
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	30,188,513	0	30,188,513	16,871,809
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	80,956		80,956	53,775
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,930,610		1,930,610	3,744,064
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	413,039		413,039	851,284
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	10,213,133		10,213,133	8,850,330
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	10,290,199		10,290,199	6,792,059
24. Health care (\$ 1,121,000) and other amounts receivable	9,634,864		9,634,864	35,170,454
25. Aggregate write-ins for other-than-invested assets	314,595	314,595	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	63,065,909	314,595	62,751,314	72,333,775
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	63,065,909	314,595	62,751,314	72,333,775
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid insurance premiums	28,602	28,602	0	
2502. Prepaid premium taxes	285,993	285,993	0	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	314,595	314,595	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	6,370,325		6,370,325	15,734,400
2. Accrued medical incentive pool and bonus amounts	24,475		24,475	28,780
3. Unpaid claims adjustment expenses	121,675		121,675	357,600
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	1,511,194		1,511,194	1,584,280
9. General expenses due or accrued	21,365,783		21,365,783	21,808,643
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	4,621,006		4,621,006	1,250,517
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	34,014,458	0	34,014,458	40,764,220
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,300,000	82,300,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(54,563,144)	(51,730,445)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	28,736,856	31,569,555
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	62,751,314	72,333,775
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	84,132	202,658	270,642
2. Net premium income (including \$ non-health premium income).....	XXX	49,630,991	142,141,057	190,796,423
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	49,630,991	142,141,057	190,796,423
Hospital and Medical:				
9. Hospital/medical benefits		36,422,604	110,495,748	149,396,543
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		8,948,052	22,304,155	29,893,791
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		28,827	24,531	39,051
16. Subtotal (Lines 9 to 15)	0	45,399,483	132,824,434	179,329,385
Less:				
17. Net reinsurance recoveries		417,017	271,479	926,899
18. Total hospital and medical (Lines 16 minus 17)	0	44,982,466	132,552,955	178,402,486
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 1,644,149 cost containment expenses		3,108,827	4,824,203	6,429,025
21. General administrative expenses		4,755,867	9,763,985	13,093,373
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .				0
23. Total underwriting deductions (Lines 18 through 22).....	0	52,847,160	147,141,143	197,924,884
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,216,169)	(5,000,086)	(7,128,461)
25. Net investment income earned		698,065	1,340,381	1,615,728
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	698,065	1,340,381	1,615,728
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(2,518,104)	(3,659,705)	(5,512,733)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,518,104)	(3,659,705)	(5,512,733)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	31,569,555	24,082,288	24,082,288
34. Net income or (loss) from Line 32	(2,518,104)	(3,659,705)	(5,512,733)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(314,595)	(909,712)	
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	8,000,000	13,000,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(2,832,699)	3,430,583	7,487,267
49. Capital and surplus end of reporting period (Line 33 plus 48)	28,736,856	27,512,871	31,569,555
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	51,371,359	142,431,044	189,865,578
2. Net investment income	670,884	1,253,300	1,583,277
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	52,042,243	143,684,344	191,448,855
5. Benefit and loss related payments	51,104,601	131,835,572	178,729,104
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	6,535,793	19,463,620	23,240,019
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	57,640,394	151,299,192	201,969,123
11. Net cash from operations (Line 4 minus Line 10)	(5,598,151)	(7,614,848)	(10,520,268)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	8,000,000	13,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	18,914,855	(9,613,173)	(11,461,644)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	18,914,855	(1,613,173)	1,538,356
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	13,316,704	(9,228,021)	(8,981,912)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	16,871,809	25,853,721	25,853,721
19.2 End of period (Line 18 plus Line 19.1)	30,188,513	16,625,700	16,871,809

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	22,648	0	11,857	0	0	0	0	10,791	0	0	0	0	0	0
2. First Quarter	10,130	0	10,130	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	9,850	0	9,850	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	7,432		7,432											
5. Current Year	0													
6. Current Year Member Months	84,132		84,132											
Total Member Ambulatory Encounters for Period:														
7 Physician	48,253		48,253											
8. Non-Physician	9,745		9,745											
9. Total	57,998	0	57,998	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,076		1,076											
11. Number of Inpatient Admissions	256		256											
12. Health Premiums Written (a)	50,504,817		50,503,184					1,633						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	50,504,817		50,503,184					1,633						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	54,763,558		46,279,255					8,484,303						
18. Amount Incurred for Provision of Health Care Services	45,399,483		44,848,755					550,728						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,633

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group	4,826,716	38,370,897	928,000	3,911,500	5,754,716	6,270,000
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	8,134,869	177,232	1,530,825		9,665,694	9,464,400
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	12,961,585	38,548,129	2,458,825	3,911,500	15,420,410	15,734,400
14. Health care receivables (a)	4,659,357	(3,447,357)			4,659,357	4,020,000
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	28,780	4,352		24,475	28,780	28,780
17. Totals (Lines 13 - 14 + 15 + 16)	8,331,008	41,999,838	2,458,825	3,935,975	10,789,833	11,743,180

(a) Excludes \$ loans or advances to providers not yet expensed.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HealthPartners UnityPoint Health, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of HealthPartners UnityPoint Health, Inc. (the Company) are prepared in accordance with accounting practices prescribed or permitted by the Insurance Division of the State of Iowa (IID).

Prescribed accounting practices are defined in the National Association of Insurance Commissioner's (NAIC's), *Accounting Practices and Procedures* manual. "Permitted" statutory accounting practices (SAP) encompass all accounting practices that are not prescribed. The Company does not currently utilize any permitted statutory accounting practices.

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State is shown below.

	SSAP #	F/S Page	F/S Line #	9/30/2025	12/31/2024
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)				\$ (2,518,104)	\$ (5,512,733)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)				<u>\$ (2,518,104)</u>	<u>\$ (5,512,733)</u>
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)				\$ 28,736,856	\$ 31,569,555
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)				<u>\$ 28,736,856</u>	<u>\$ 31,569,555</u>

B. Use of Estimates in the Preparation of the Financial Statements - No change

C. Accounting Policies

(1)-(13) None

D. Going Concern

Not Applicable

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A.-K. - None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ 1,568,495	\$ 5,865,223	\$ (4,296,728)	\$ -	\$ 1,568,495	2.487%	2.500%
k. On deposit with other regulatory bodies	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ 1,568,495	\$ 5,865,223	\$ (4,296,728)	\$ -	\$ 1,568,495	2.487%	2.500%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2.-4. None

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HealthPartners UnityPoint Health, Inc.

NOTES TO FINANCIAL STATEMENTS

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. Structured Notes - None
- P. 5GI Securities - None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income - No change

8. Derivative Instruments - None

9. Income Taxes - No change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A-C. Not Applicable
- D. At September 30, 2025 and December 31, 2024, the Company reported \$10,290,199 and \$6,792,059, respectively, receivables from parent, subsidiaries and affiliates. These amounts are the net amounts from the month’s activity related to premiums, claims, and administrative expenses related to the management services agreement. These balances are settled on a monthly basis.
- E. HealthPartners Administrators, Inc. provides sales, underwriting, enrollment, billing, collection, claims processing, and other management support.
- F. Not Applicable
- G. Not Applicable
- H. None
- I. Not Applicable
- J. Not Applicable
- K. None
- L. None
- M. None
- N. None
- O. None

11. Debt

- A.-B. None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

- A - H. No change
- I. No change
- J - M. No change

14. Liabilities, Contingencies and Assessments

- A. None
- B. No change
- C. None
- D. None
- E. None
- F. No change

15. Leases

- A.-B. None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A.-C. None

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HealthPartners UnityPoint Health, Inc.

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The (loss) gain from operations from Administrative Services Only (ASO) uninsured plans are as follows as of September 30, 2025 and December 31, 2024:

	2025	2024
a. Net reimbursement for administrative expenses (including administrative fees) in excess of or (under) actual expenses	\$ 1,221,834	\$ (162,099)
b. Total net other income or expenses (including interest paid to or received from plans)	\$ 137,682	\$ 112,139
c. Net gain or (loss) from operations	\$ 1,359,516	\$ (49,960)
d. Total claim payment volume	\$ 234,621,888	\$ 345,477,166

B.-C. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - No change

20. Fair Value Measurements

A.-B. None

C. No Change

D. Not Applicable

E. None

21. Other Items

A.-H. None

22. Events Subsequent

Effective January 1, 2025, the Company ceased offering Medicare Advantage and small group fully-insured products. Effective December 31, 2025, the Company will exit all markets. Following a claims runout period in 2026, the Company will begin the dissolution process.

23. Reinsurance

A. Ceded Reinsurance Report

B. None

C. None

D. None

E. None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable

B. Not Applicable

C. Not Applicable

D. None

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HealthPartners UnityPoint Health, Inc.

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?

Yes [] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Amount

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)

\$ -

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

\$ -

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

\$ 239,400

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

\$ 353,124

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

\$ -

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance

\$ -

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

\$ -

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

\$ -

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium

\$ -

5. Ceded reinsurance premiums payable due to ACA Reinsurance

\$ -

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

\$ -

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

\$ -

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

\$ -

9. ACA Reinsurance contributions – not reported as ceded premium

\$ -

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors

\$ -

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

\$ -

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received)

\$ -

4. Effect of ACA Risk Corridors on change in reserves for rate credits

\$ -

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Before December 31 of		Received or Paid as of the Written Before December 31		Differences		Adjustments		Ref	Unsettled Balances as of the	
					Prior Year Accrued	Prior Year	To Prior Year	To Prior Year		Cumulative	Cumulative
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)	\$ -	\$ 676,800	\$ -	\$ 790,524	\$ -	\$ (113,724)	\$ -	\$ -		\$ -	\$ (113,724)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ 676,800	\$ -	\$ 790,524	\$ -	\$ (113,724)	\$ -	\$ -		\$ -	\$ (113,724)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
6. Liability for amounts held under uninsured	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
2. Reserve for rate credits or policy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ -	\$ 676,800	\$ -	\$ 790,524	\$ -	\$ (113,724)	\$ -	\$ -		\$ -	\$ (113,724)

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year - None

(5) ACA Risk Corridors Receivable as of Reporting Date - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses
Reserves for claims attributable to the events of prior years have decreased from \$15,734,400 at December 31, 2024 to \$15,420,410 at September 30, 2025.

26. Intercompany Pooling Arrangements
None

27. Structured Settlements
None

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HealthPartners UnityPoint Health, Inc.

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2025	\$ 1,212	\$ 1,339	\$ 3,881	0	0
6/30/2025	\$ 1,234	\$ 1,726	\$ 2,266	0	0
3/31/2025	\$ 943	\$ 1,308	\$ 4,450	0	0
12/31/2024	\$ 4,020	\$ 5,319	\$ 3,612	0	0
9/30/2024	\$ 4,001	\$ 4,422	\$ 3,431	0	0
6/30/2024	\$ 4,469	\$ 3,858	\$ 3,120	0	0
3/31/2024	\$ 4,302	\$ 3,587	\$ 3,265	0	0
12/31/2023	\$ 4,509	\$ 4,319	\$ 3,252	0	0
9/30/2023	\$ 2,705	\$ 4,048	\$ 2,720	0	0
6/30/2023	\$ 2,956	\$ 3,660	\$ 2,288	0	0
3/31/2023	\$ 2,989	\$ 2,657	\$ 2,052	0	0

B. Risk-Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other
2025	2025	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2024	2024	\$ 4,533	\$ -	\$ 23,345	\$ -	\$ -	\$ 18,812	\$ -	\$ -
2023	2023	\$ 4,487	\$ -	\$ 18,925	\$ -	\$ 17,000	\$ 1,925	\$ -	\$ -
		XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -

29. Participating Policies - None

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

3. Was anticipated investment income utilized in the calculation?
- \$0

09/30/2025

Yes [] No [X]

31. Anticipated Salvage and Subrogation - No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [X] N/A []

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2021

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2021

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/30/2023

6.4

By what department or departments?
Iowa Insurance Division

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....

10,290,199

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....

0

13.

Amount of real estate and mortgages held in short-term investments:

\$.....

0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$.....0	\$.....0
14.22 Preferred Stock	\$.....0	\$.....0
14.23 Common Stock	\$.....0	\$.....0
14.24 Short-Term Investments	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate	\$.....0	\$.....0
14.26 All Other	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$.....0	\$.....0

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
.....

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$

0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

0

16.3

Total payable for securities lending reported on the liability page.

\$

0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Northern Trust Corporation	50 South LaSalle Street Chicago, IL 60675

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Principal Bank	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
2925	Principal Bank .....	.....	Not a Registered Investment Advisor	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

93.900 %

1.2 A&H cost containment percent

3.300 %

1.3 A&H expense percent excluding cost containment expenses

12.500 %
- 2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$.
- 2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$.
3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
			NONE						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

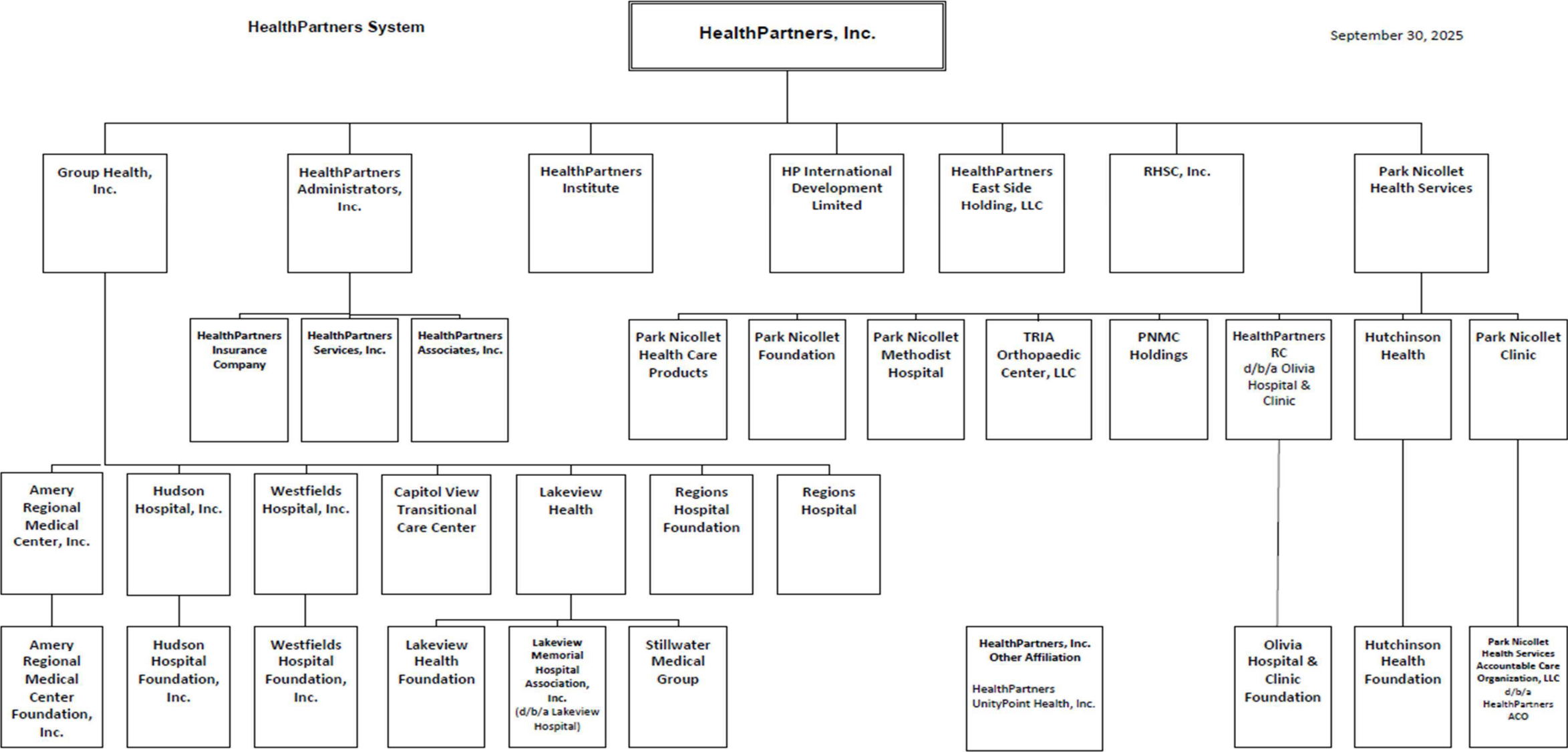
		1	Direct Business Only								
States, etc.		Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1.	Alabama	AL ..N.								0	
2.	Alaska	AK ..N.								0	
3.	Arizona	AZ ..N.								0	
4.	Arkansas	AR ..N.								0	
5.	California	CA ..N.								0	
6.	Colorado	CO ..N.								0	
7.	Connecticut	CT ..N.								0	
8.	Delaware	DE ..N.								0	
9.	District of Columbia	DC ..N.								0	
10.	Florida	FL ..N.								0	
11.	Georgia	GA ..N.								0	
12.	Hawaii	HI ..N.								0	
13.	Idaho	ID ..N.								0	
14.	Illinois	IL ..L.		(876)						(876)	
15.	Indiana	IN ..N.								0	
16.	Iowa	IA ..L.	49,629,264	2,603						49,631,867	
17.	Kansas	KS ..N.								0	
18.	Kentucky	KY ..N.								0	
19.	Louisiana	LA ..N.								0	
20.	Maine	ME ..N.								0	
21.	Maryland	MD ..N.								0	
22.	Massachusetts	MA ..N.								0	
23.	Michigan	MI ..N.								0	
24.	Minnesota	MN ..N.								0	
25.	Mississippi	MS ..N.								0	
26.	Missouri	MO ..N.								0	
27.	Montana	MT ..N.								0	
28.	Nebraska	NE ..N.								0	
29.	Nevada	NV ..N.								0	
30.	New Hampshire	NH ..N.								0	
31.	New Jersey	NJ ..N.								0	
32.	New Mexico	NM ..N.								0	
33.	New York	NY ..N.								0	
34.	North Carolina	NC ..N.								0	
35.	North Dakota	ND ..N.								0	
36.	Ohio	OH ..N.								0	
37.	Oklahoma	OK ..N.								0	
38.	Oregon	OR ..N.								0	
39.	Pennsylvania	PA ..N.								0	
40.	Rhode Island	RI ..N.								0	
41.	South Carolina	SC ..N.								0	
42.	South Dakota	SD ..N.								0	
43.	Tennessee	TN ..N.								0	
44.	Texas	TX ..N.								0	
45.	Utah	UT ..N.								0	
46.	Vermont	VT ..N.								0	
47.	Virginia	VA ..N.								0	
48.	Washington	WA ..N.								0	
49.	West Virginia	WV ..N.								0	
50.	Wisconsin	WI ..N.								0	
51.	Wyoming	WY ..N.								0	
52.	American Samoa	AS ..N.								0	
53.	Guam	GU ..N.								0	
54.	Puerto Rico	PR ..N.								0	
55.	U.S. Virgin Islands	VI ..N.								0	
56.	Northern Mariana Islands	MP ..N.								0	
57.	Canada	CAN ..N.								0	
58.	Aggregate Other Aliens	OT XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	49,629,264	1,727	0	0	0	0	0	49,630,991	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61.	Totals (Direct Business)	XXX	49,629,264	1,727	0	0	0	0	0	49,630,991	0
DETAILS OF WRITE-INS											
58001.	.....	XXX									
58002.	.....	XXX									
58003.	.....	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2
2. R - Registered - Non-domiciled RRGs..... 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
4. Q - Qualified - Qualified or accredited reinsurer..... 0
5. N - None of the above - Not allowed to write business in the state..... 55

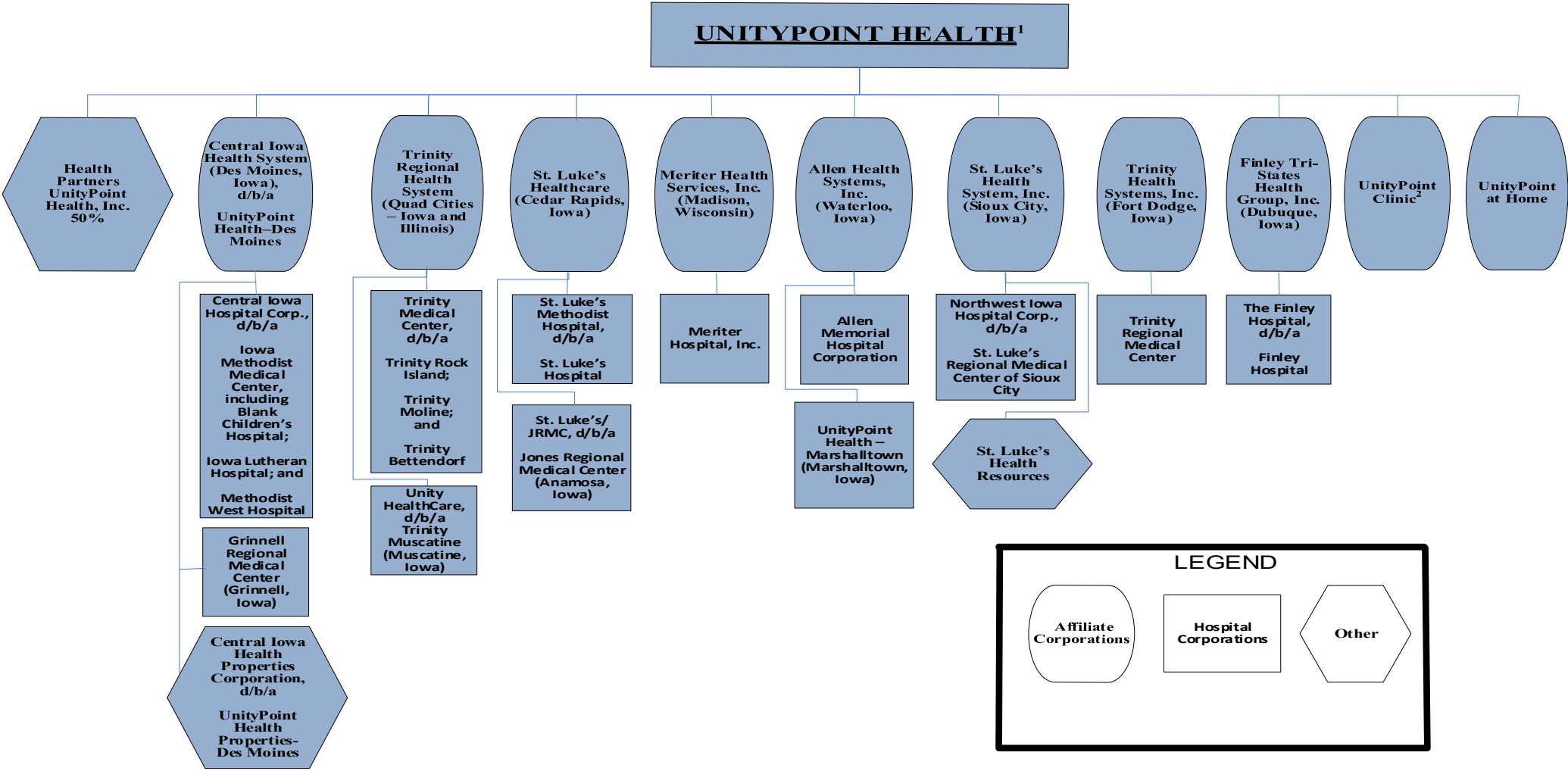
HealthPartners System

HealthPartners, Inc.

September 30, 2025



15.1



¹ UnityPoint Health and logo is a registered trademark of Iowa Health System, d/b/a UnityPoint Health.

² UnityPoint Clinic is a d/b/a of Iowa Physicians Clinic Medical Foundation.

This chart includes HealthPartners UnityPoint Health, Inc. and those UnityPoint Health entities which provide, directly or indirectly, patient care or services, and does not include all subsidiaries of UnityPoint Health as a system.

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
			39-1726539				Amery Regional Medical Center Foundation, Inc.	.. WI	..... NIA.....	Amery Regional Medical Center, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			39-0908320				Amery Regional Medical Center, Inc.	.. WI	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... .....
			41-2011453				Capitol View Transitional Care Center	.. MN	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-0797853				Group Health, Inc.	.. MN	..... NIA.....	HealthPartners, Inc.	Reserve Powers		HealthPartners, Inc.	... NO.....	... .....
			52-2365151				HealthPartners Associates, Inc.	.. MN	..... NIA.....	HealthPartners Administrators, Inc.	Ownership.....	100.000	HealthPartners, Inc.	... NO.....	... .....
			20-1282428				HealthPartners East Side Holding, LLC	.. DE	..... NIA.....	HealthPartners, Inc.	Member		HealthPartners, Inc.	... NO.....	... .....
1258	HealthPartners GRP	44547	41-1683523				HealthPartners Insurance Company	.. MN	..... IA.....	HealthPartners Administrators, Inc.	Ownership.....	100.000	HealthPartners, Inc.	... NO.....	... .....
			41-1683568				HealthPartners Services, Inc.	.. MN	..... NIA.....	HealthPartners Administrators, Inc.	Ownership.....	100.000	HealthPartners, Inc.	... NO.....	... .....
			41-1629390				HealthPartners, Administrators, Inc.	.. MN	..... NIA.....	HealthPartners, Inc.	Ownership.....	100.000	HealthPartners, Inc.	... NO.....	... .....
1258	HealthPartners GRP	95766	41-1693838				HealthPartners, Inc.	.. MN	..... IA.....					... NO.....	... .....
			41-1670163				HealthPartners Institute	.. MN	..... NIA.....	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			84-1715908				Hutchinson Health	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			36-3317820				Hutchinson Health Foundation	.. MN	..... NIA.....	Hutchinson Health	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
1258	HealthPartners GRP	15888	32-0484314				HealthPartners UnityPoint Health, Inc.	.. IA	..... RE.....	HealthPartners, Inc.	Ownership.....	50.000	HealthPartners, Inc.	... NO.....	... 1
			39-1279567				Hudson Hospital Foundation	.. WI	..... NIA.....	Hudson Hospital, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			39-0804125				Hudson Hospital, Inc.	.. WI	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... .....
							Lakeview Memorial Hospital Association, Inc.								
			41-0811697					.. MN	..... NIA.....	Lakeview Health	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-1386635				Lakeview Health Foundation	.. MN	..... NIA.....	Lakeview Health	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-0834920				Park Nicollet Clinic	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			23-7346465				Park Nicollet Foundation	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			01-0638901				Park Nicollet Health Care Products	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			36-3465840				Park Nicollet Health Services	.. MN	..... NIA.....	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-0132080				Park Nicollet Methodist Hospital	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
							Park Nicollet Health Services Accountable Care Organization, LLC	.. MN	..... NIA.....	Park Nicollet Health Services	Member		HealthPartners, Inc.	... NO.....	... 2
			41-1741792				PNMC Holdings	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-0956618				Regions Hospital	.. MN	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-1888902				Regions Hospital Foundation	.. MN	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-1891928				RHSC, Inc.	.. MN	..... NIA.....	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			30-0221189				Lakeview Health	.. MN	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			83-0379473				Stillwater Medical Group	.. MN	..... NIA.....	Lakeview Health	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			20-0034003				TRIA Orthopaedic Center, LLC	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
							HP International Development Limited	.. UGA	..... NIA.....	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			39-1770913				Westfields Hospital Foundation, Inc.	.. WI	..... NIA.....	Westfields Hospital, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			39-0808442				Westfields Hospital, Inc.	.. WI	..... NIA.....	Group Health, Inc.	Board/Reserve		HealthPartners, Inc.	... NO.....	... .....
			84-4261122				HealthPartners RC	.. MN	..... NIA.....	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			41-1839619				Olivia Hospital & Clinic Foundation	.. MN	..... NIA.....	HealthPartners RC	Board/Reserve		HealthPartners, Inc.	... NO.....	... 2
			42-1435199				Iowa Health System dba UnityPoint Health (UPH)	.. IA	..... UDP.....	UPH is the ultimate parent entity	N/A	0.000	None	... NO.....	... .....
			27-3819741				Broadband, Inc.	.. IA	..... NIA.....	UPH	Ownership.....	100.000	UPH	... NO.....	... .....
			42-1201924				Allen Health Systems, Inc.	.. IA	..... NIA.....	UPH	Ownership.....	100.000	UPH	... NO.....	... .....
			42-1189791				Central Iowa Health System	.. IA	..... NIA.....	UPH	Ownership.....	100.000	UPH	... NO.....	... .....
			42-1307495				Finley Tri-States Health Group, Inc.	.. IA	..... NIA.....	UPH	Ownership.....	100.000	UPH	... NO.....	... .....
			42-1477471				UnityPoint at Home	.. IA	..... NIA.....	UPH	Ownership.....	100.000	UPH	... NO.....	... .....
			27-0987243				Hnc Services, Inc.	.. IA	..... NIA.....	UPH	Ownership.....	100.000	UPH	... NO.....	... .....
			26-3300536				West Lakes Medical Equipment, L.L.C.	.. IA	..... NIA.....	UnityPoint at Home	Ownership.....	50.000	UPH	... NO.....	... .....

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
			45-4550692 ..				Iowa Health Accountable Care, L.C. ....	.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1411630 ..				Iowa Physicians Clinic Medical Foundation ...	.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1019872 ..				Northwest Iowa Hospital Corporation .....	.. IA.....	NIA.....	St. Luke's Health System, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
							Iowa Health System Contracting Services, L.C.								
			42-1511142 ..					.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1294091 ..				St. Lukes Health System, Inc. ....	.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1509042 ..				Iowa Statewide Poison Control Center .....	.. IA.....	NIA.....	UPH	Ownership.....	50.000 ..	UPH .....	... NO.....	
			42-1487968 ..				St. Lukes Healthcare .....	.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1222877 ..				Trinity Health Systems, Inc. ....	.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1414390 ..				Medimore, Inc. ....	.. IA.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			36-3351952 ..				Trinity Regional Health System .....	.. IL.....	NIA.....	UPH	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1487967 ..				St. Lukes/Jones Regional Medical Center .....	.. IA.....	NIA.....	St. Lukes Healthcare	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1466284 ..				Anamosa Area Ambulance Service .....	.. IA.....	NIA.....	St. Lukes/Jones Regional Medical Center ...	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-0504780 ..				St. Lukes Methodist Hospital .....	.. IA.....	NIA.....	St. Lukes Healthcare	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1276632 ..				STL Care Company .....	.. IA.....	NIA.....	St. Lukes Healthcare	Ownership.....	100.000 ..	UPH .....	... NO.....	
							Cedar Rapids Community Cancer Center								
			45-2671609 ..				Foundation .....	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	44.000 ..	UPH .....	... NO.....	
			39-1894395 ..				Cedar Rapids Medical Education Foundation ..	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	50.000 ..	UPH .....	... NO.....	
			26-0310416 ..				Eastern Iowa Sleep Center, LLC .....	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	33.330 ..	UPH .....	... NO.....	
			27-1814458 ..				Medical Laboratories of Eastern Iowa, L.C. .	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1260463 ..				MR Associates, LLP .....	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	33.330 ..	UPH .....	... NO.....	
							The Outpatient Surgery Center of Cedar								
			72-1550812 ..				Rapids, L.L.C. ....	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	50.000 ..	UPH .....	... NO.....	
			27-1349596 ..				St. Lukes Coe Steam, Inc. ....	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	50.000 ..	UPH .....	... NO.....	
			42-1193499 ..				STL Health Resources Co. ....	.. IA.....	NIA.....	St. Lukes Methodist Hospital	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1233759 ..				Central Iowa Health Properties Corporation ..	.. IA.....	NIA.....	Central Iowa Health System	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-0680452 ..				Central Iowa Hospital Corporation .....	.. IA.....	NIA.....	Central Iowa Health System	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1467682 ..				Iowa Health Foundation .....	.. IA.....	NIA.....	Central Iowa Health System	Ownership.....	100.000 ..	UPH .....	... NO.....	
			20-5031651 ..				1776 Westlakes Parkway, L.C. ....	.. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	33.330 ..	UPH .....	... NO.....	
							Des Moines Area Medical Education Consortium,								
			42-1412497 ..				Inc. ....	.. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	33.000 ..	UPH .....	... NO.....	
							Iowa Diagnostic Imaging and Procedure Center,								
			03-0482623 ..				L.C. ....	.. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	50.000 ..	UPH .....	... NO.....	
			42-1516120 ..				Lakeview Surgery Center, L.C. ....	.. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	50.000 ..	UPH .....	... NO.....	
			42-1508092 ..				Orthopaedic Outpatient Surgery Center, L.C.	.. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	50.000 ..	UPH .....	... NO.....	
			26-3193923 ..				West Lakes Sleep Center, L.L.C. ....	.. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	50.000 ..	UPH .....	... NO.....	
			42-0680410 ..				The Dubuque Visiting Nurse Association .....	.. IA.....	NIA.....	Finley Tri-States Health Group, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-0680354 ..				The Finley Hospital .....	.. IA.....	NIA.....	Finley Tri-States Health Group, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
							Health Care Affiliates of the Tri-States,								
			42-1428503 ..				L.L.C. ....	.. IA.....	NIA.....	Finley Tri-States Health Group, Inc.	Ownership.....	50.000 ..	UPH .....	... NO.....	
			42-1467002 ..				Delhi Point Condo Association .....	.. IA.....	NIA.....	The Finley Hospital	Ownership.....	60.350 ..	UPH .....	... NO.....	
			20-1597161 ..				Dubuque Endoscopy Center, L.C. ....	.. IA.....	NIA.....	The Finley Hospital	Ownership.....	51.000 ..	UPH .....	... NO.....	
			42-1487138 ..				Finley/Hartig Homecare, L.L.C. ....	.. IA.....	NIA.....	The Finley Hospital	Ownership.....	50.000 ..	UPH .....	... NO.....	
							North Central Iowa Mental Health Center,								
			42-0937390 ..				Incorporated .....	.. IA.....	NIA.....	Trinity Health Systems, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
			45-3791448 ..				Trimark Physicians Group .....	.. IA.....	NIA.....	Trinity Health Systems, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1222381 ..				Trinity Health Foundation .....	.. IA.....	NIA.....	Trinity Health Systems, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
			42-1009175 ..				Trinity Regional Medical Center .....	.. IA.....	NIA.....	Trinity Health Systems, Inc.	Ownership.....	100.000 ..	UPH .....	... NO.....	
							The Robert Young Center for Community Mental								
			36-3678909 ..				Health .....	.. IL.....	NIA.....	Trinity Regional Health System	Ownership.....	100.000 ..	UPH .....	... NO.....	

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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			36-3320141 ..				Trinity Health Enterprises, Inc. IL.....	NIA.....	Trinity Regional Health System	Ownership.....	100.000 ...	UPH NO.....	
			36-3321751 ..				Trinity Health Foundation IL.....	NIA.....	Trinity Regional Health System	Ownership.....	100.000 ...	UPH NO.....	
			36-2739299 ..				Trinity Medical Center IL.....	NIA.....	Trinity Regional Health System	Ownership.....	100.000 ...	UPH NO.....	
			42-0680337 ..				Unity HealthCare IA.....	NIA.....	Trinity Regional Health System	Ownership.....	100.000 ...	UPH NO.....	
			42-1525031 ..				Unity HealthCare Foundation IA.....	NIA.....	Unity HealthCare	Ownership.....	100.000 ...	UPH NO.....	
			37-1288604 ..				Precedence, Inc. IL.....	NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	100.000 ...	UPH NO.....	
			45-5470017 ..				Precedence Care Coordination Entity, LLC IL.....	NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	100.000 ...	UPH NO.....	
			36-3710164 ..				Metro MRI Center Limited Partnership IL.....	NIA.....	Trinity Medical Center	Ownership.....	33.970 ...	UPH NO.....	
			36-4356301 ..				Advanced Imaging Center, LLC IL.....	NIA.....	Trinity Medical Center	Ownership.....	51.000 ...	UPH NO.....	
			36-4471903 ..				Quad City Ambulatory Surgery Center, L.L.C. IL.....	NIA.....	Trinity Medical Center	Ownership.....	49.720 ...	UPH NO.....	
			20-5895205 ..				Pierce Street Same Day Surgery, L.C. IA.....	NIA.....	Northwest Iowa Hospital Corporation	Ownership.....	50.000 ...	UPH NO.....	
			42-1036971 ..				Siouxland Medical Education Foundation, Inc. IA.....	NIA.....	Northwest Iowa Hospital Corporation	Ownership.....	25.000 ...	UPH NO.....	
			31-1712115 ..				Health, Incorporated IA.....	NIA.....	St. Lukes Health System, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			26-1120134 ..				Siouxland PACE, Inc. IA.....	NIA.....	Iowa Physicians Clinic Medical Foundation	Ownership.....	100.000 ...	UPH NO.....	
			42-1059182 ..				St. Lukes Health Resources IA.....	NIA.....	St. Lukes Health System, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			38-3320710 ..				Health Inc. Hospice IA.....	NIA.....	Health, Incorporated	Ownership.....	100.000 ...	UPH NO.....	
			42-1411233 ..				Siouxland Regional Cancer Center IA.....	NIA.....	Health, Incorporated	Ownership.....	100.000 ...	UPH NO.....	
			42-1201924 ..				Allen College IA.....	NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			42-0698265 ..				Allen Memorial Hospital Corporation IA.....	NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			42-1201138 ..				Memorial Foundation of Allen Hospital IA.....	NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			39-1412318 ..				Meriter Health Services, Inc. WI.....	NIA.....	UPH	Ownership.....	100.000 ...	UPH NO.....	
			39-1458235 ..				Meriter Management Services, Inc. WI.....	NIA.....	Meriter Health Services, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			39-1293620 ..				Meriter Health Enterprises, Inc. WI.....	NIA.....	Meriter Management Services, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			23-7098688 ..				Meriter Foundation, Inc. WI.....	NIA.....	Meriter Health Services, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			39-0806367 ..				Meriter Hospital, Inc. WI.....	NIA.....	Meriter Health Services, Inc.	Ownership.....	100.000 ...	UPH NO.....	
			30-0072647 ..				Wisconsin Dialysis, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	45.000 ...	UPH NO.....	
			39-1531753 ..				Madison Environmental Resourcing, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	36.000 ...	UPH NO.....	
			39-1948840 ..				Transformations Surgery Center, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	50.000 ...	UPH NO.....	
			26-0902344 ..				Wisconsin Sleep, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	50.000 ...	UPH NO.....	
			39-1940656 ..				Madison Surgery Center, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330 ...	UPH NO.....	
			39-1091317 ..				Madison United Healthcare Linen, Ltd. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330 ...	UPH NO.....	
			27-1081808 ..				Center for Healthcare Education and Simulation, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330 ...	UPH NO.....	
			27-3496527 ..				Generations Fertility Care, Inc. WI.....	NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330 ...	UPH NO.....	
4870		95341	39-1565691 ..				Quartz Health Insurance Corporation WI.....	NIA.....	Quartz Holding Company	Ownership.....	100.000 ...	UPH NO.....	
			42-1489697 ..				Mississippi Valley Sleep Disorder Center, L.C. IA.....	NIA.....	Trinity Medical Center	Ownership.....	51.000 ...	UPH NO.....	
			45-4699315 ..				Medical Environmental Recovery, Inc. WI.....	NIA.....	Madison Environmental Resourcing, Inc	Ownership.....	100.000 ...	UPH NO.....	
			42-0733463 ..				Black Hawk-Grundy Mental Health Center, Inc. IA.....	NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000 ...	UPH NO.....	
		15888	32-0484314 ..				HealthPartners UnityPoint Health, Inc. IA.....	NIA.....	UPH	Ownership.....	50.000 ...	UPH NO.....	
			47-5453680 ..				North Ankeny Medical Park, L.L.C. IA.....	NIA.....	Central Iowa Hospital Corporation	Ownership.....	45.000 ...	UPH NO.....	
			47-3564984 ..				UPHT-SCA Holdings, LLC DE.....	NIA.....	Trinity Medical Center	Ownership.....		UPH NO.....	
			42-1429641 ..				Mississippi Medical Plaza, L.C. IA.....	NIA.....	UPHT-SCA Holdings, LLC	Ownership.....	51.390 ...	UPH NO.....	
			81-0872241 ..				UnityPoint Health at Work IA.....	NIA.....	Iowa Physicians Clinic Medical Foundation	Ownership.....	100.000 ...	UPH NO.....	
			81-0994377 ..				Trinity College of Nursing & Health Sciences	.. IL.....	NIA.....	Trinity Medical Center	Ownership.....	100.000 ...	UPH NO.....	

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
			81-5034179 .. 46-3262602 ..				UnityPoint Health – Marshalltown .....	.. IA.....	.....NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000	UPH .....	... NO.....	
							Madison Rehabilitation Hospital, LLC .....	.. WI.....	.....NIA.....	Meriter Hospital, Inc.	Ownership.....	19.000	UPH .....	... NO.....	
			42-1045257 .. 42-1373123 .. 23-7085316 ..				Abbe Center For Community Mental Health, Inc. ....	.. IA.....	.....NIA.....	AbbeHealth, Inc.	Ownership.....	100.000	UPH .....	... NO.....	
							AbbeHealth, Inc. ....	.. IA.....	.....NIA.....	St. Luke's Healthcare	Ownership.....	100.000	UPH .....	... NO.....	
							Aging Services, Inc. ....	.. IA.....	.....NIA.....	AbbeHealth, Inc.	Ownership.....	100.000	UPH .....	... NO.....	
							Yunker Rehabilitation Therapy Services, LLC .....	.. IA.....	.....NIA.....	Central Iowa Hospital Corporation	Ownership.....	100.000	UPH .....	... NO.....	
			81-5031103 .. 42-1361755 .. 39-1177562 ..				Abbe Management Corporation .....	.. IA.....	.....NIA.....	AbbeHealth, Inc.	Ownership.....	100.000	UPH .....	... NO.....	
							HCP Corporation .....	.. WI.....	.....NIA.....	Meriter Hospital, Inc.	Ownership.....	100.000	UPH .....	... NO.....	
			42-1134273 ..				Center for Alcohol and Drug Services, Inc. ..	.. IA.....	.....NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	100.000	UPH .....	... NO.....	
			82-1846069 ..				Top of the World Ranch – Milan, L.L.C. Series 1 .....	.. IL.....	.....NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	49.000	UPH .....	... NO.....	
			82-1854077 ..				Top of the World Ranch – Milan, L.L.C. Series 2 .....	.. IL.....	.....NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	49.000	UPH .....	... NO.....	
							Quartz Holding Company .....	.. WI.....	.....NIA.....	UPH	Ownership.....	16.020	UPH .....	... NO.....	
4870			39-1807071 ..				Quartz Health Plan Corporation .....	.. WI.....	.....NIA.....	UPH	Ownership.....	14.260	UPH .....	... NO.....	
			45-2633920 ..				Quartz Health Plan MN Corporation .....	.. MN.....	.....NIA.....	Quartz Health Plan Corporation	Ownership.....	100.000	UPH .....	... NO.....	
			46-5710709 ..				Quartz Health Solutions, Inc. (f/k/a SPWI TPA, Inc.) .....	.. WI.....	.....NIA.....	Quartz Holding Company	Ownership.....	100.000	UPH .....	... NO.....	
4870			39-1450766 ..				Quartz Health Benefit Plans Corporation (f/k/a Unity Health Plans Insurance Corporation) .....	.. WI.....	.....NIA.....	Quartz Health Insurance Corporation	Ownership.....	100.000	UPH .....	... NO.....	
			42-0942273 .. 42-1436490 .. 42-0933383 .. 42-1454737 .. 36-4799633 .. 83-1281114 ..				Eyerly-Ball Community Mental Health Services .....	.. IA.....	.....NIA.....	Central Iowa Health System	Ownership.....	100.000	UPH .....	... NO.....	
							Health Advantage Plus, Inc. ....	.. IA.....	.....NIA.....	Grinnell Regional Medical Center	Ownership.....	100.000	UPH .....	... NO.....	
							Grinnell Regional Medical Center .....	.. IA.....	.....NIA.....	Central Iowa Health System	Ownership.....	100.000	UPH .....	... NO.....	
							Grinnell Regional Medical Center Foundation .....	.. IA.....	.....NIA.....	Grinnell Regional Medical Center	Ownership.....	100.000	UPH .....	... NO.....	
							Central Iowa Physio, LLC .....	.. IA.....	.....NIA.....	UnityPoint Health-Marshalltown	Ownership.....	50.000	UPH .....	... NO.....	
							Ankeny Medical Park Surgery Center, L.C. ....	.. IA.....	.....NIA.....	Central Iowa Hospital Corporation	Ownership.....	45.000	UPH .....	... NO.....	
			83-2074985 .. 83-1720113 .. 45-2224777 .. 27-3955535 .. 26-4589328 .. 02-0738699 .. 82-1118502 .. 82-3442909 .. 81-4644959 .. 47-3885665 .. 20-3348862 .. 42-1466719 .. 82-1941000 .. 85-1990451 .. 27-3820391 ..				Foundation .....	.. IA.....	.....NIA.....	Central Iowa Health System	Ownership.....	50.000	UPH .....	... NO.....	
							United Medical Park ASC, LLC .....	.. IA.....	.....NIA.....	Allen Memorial Hospital Corporation	Ownership.....	53.000	UPH .....	... NO.....	
							Honeyman Dialysis, LLC .....	.. DE.....	.....NIA.....	St. Luke's Methodist Hospital	Ownership.....	5.000	UPH .....	... NO.....	
							PCI Regional Medical Mall, LLC .....	.. IA.....	.....NIA.....	St. Luke's Methodsit Hospital	Ownership.....	10.000	UPH .....	... NO.....	
							HealthNet Connect, L.C. ....	.. IA.....	.....NIA.....	UPH	Ownership.....	36.400	UPH .....	... NO.....	
							Rural Health Alliance, LLC .....	.. MN.....	.....NIA.....	Grinnell Regional Medical Center	Ownership.....	6.660	UPH .....	... NO.....	
							Legacy Senior Housing Investors, LLC .....	.. IA.....	.....NIA.....	Central Iowa Hospital Corporation	Ownership.....	11.890	UPH .....	... NO.....	
							Pathware, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	28.170	UPH .....	... NO.....	
							Kaizen Health, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	21.490	UPH .....	... NO.....	
							b.well Connected Health Inc. ....	.. MD.....	.....NIA.....	UPH	Ownership.....	4.190	UPH .....	... NO.....	
							Vida Diagnostics Inc. ....	.. IA.....	.....NIA.....	UPH	Ownership.....	9.690	UPH .....	... NO.....	
							Grinnell Private Investment Co., LLC .....	.. IA.....	.....NIA.....	Health Advantage Plus, Inc.	Ownership.....	23.200	UPH .....	... NO.....	
							Health Velocity Capital I, LP .....	.. CA.....	.....NIA.....	UPH	Ownership.....	5.690	UPH .....	... NO.....	
							Eastern Iowa Sleep Supply, LLC .....	.. IA.....	.....NIA.....	UnityPoint at Home	Ownership.....	51.000	UPH .....	... NO.....	
							BHC, L.C. ....	.. IA.....	.....NIA.....	UPH	Ownership.....	100.000	UPH .....	... NO.....	
			84-3864099 .. 82-5327208 ..				The Quad Cities Rehabilitation Institute, LLC .....	.. DE.....	.....NIA.....	Trinity Medical Center	Ownership.....	50.000	UPH .....	... NO.....	
							CCRC of West Des Moines, LLC .....	.. IA.....	.....NIA.....	Central Iowa Hospital Corporation	Ownership.....	47.420	UPH .....	... NO.....	

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
...	37-1850807 ..	...	...	...	SEI Global Private Assets IV, LP .....	.. PA.....	.. NIA.....	UPH	Ownership.....	..11.380	UPH .....	... NO.....	...
...	30-0811749 ..	...	...	...	SEI Global Private Assets III, LP .....	.. PA.....	.. NIA.....	UPH	Ownership.....	..25.600	UPH .....	... NO.....	...
...	27-3999686 ..	...	...	...	SEI Core Property Fund, LP .....	.. PA.....	.. NIA.....	UPH	Ownership.....	.. 8.580	UPH .....	... NO.....	...
...	30-0867768 ..	...	...	...	SEI Energy Debt Fund, LP .....	.. PA.....	.. NIA.....	UPH	Ownership.....	..19.720	UPH .....	... NO.....	...
...	27-4355527 ..	...	...	...	Heritage Healthcare Innovation Fund, LP .....	.. TN.....	.. NIA.....	UPH	Ownership.....	.. 4.790	UPH .....	... NO.....	...
...	87-3455481 ..	...	...	...	Up Fit, LLC .....	.. IA.....	.. NIA.....	Allen Memorial Hospital Corporation	Ownership.....	..25.000	UPH .....	... NO.....	...
...	81-5313244 ..	...	...	...	DocStation, Inc. ....	.. DE.....	.. NIA.....	UPH	Ownership.....	..19.010	UPH .....	... NO.....	...
...	84-3075305 ..	...	...	...	ProLucent Health, Inc. ....	.. DE.....	.. NIA.....	UPH	Ownership.....	.. 9.750	UPH .....	... NO.....	...
...	37-1874135 ..	...	...	...	TailorMed Medical Ltd. ....	.. ISR.....	.. NIA.....	UPH	Ownership.....	.. 5.120	UPH .....	... NO.....	...
...	42-1439662 ..	...	...	...	Amity Fellowserve - Iowa, Inc. ....	.. IA.....	.. NIA.....	Allen Memorial Hospital Corporation	Ownership.....	..49.000	UPH .....	... NO.....	...
...	85-0877059 ..	...	...	...	Cardiosense, Inc. ....	.. DE.....	.. NIA.....	UPH	Ownership.....	.. 6.810	UPH .....	... NO.....	...
...	47-5087387 ..	...	...	...	Healthsnap, Inc. ....	.. DE.....	.. NIA.....	UPH	Ownership.....	.. 4.780	UPH .....	... NO.....	...
...	46-3578999 ..	...	...	...	Arrive Health (fka RxRevu, Inc.) .....	.. DE.....	.. NIA.....	UPH	Ownership.....	.. 4.020	UPH .....	... NO.....	...
...	86-2981406 ..	...	...	...	AvaSure, LLC .....	.. DE.....	.. NIA.....	UPH	Ownership.....	..1.280	UPH .....	... NO.....	...
...	81-5303863 ..	...	...	...	Carta Healthcare, Inc. ....	.. CA.....	.. NIA.....	UPH	Ownership.....	.. 4.430	UPH .....	... NO.....	...
...	46-1872226 ..	...	...	...	Lightbeam Health Solutions .....	.. TX.....	.. NIA.....	UPH	Ownership.....	.. 5.000	UPH .....	... NO.....	...
...	30-1067027 ..	...	...	...	Health Note Inc. ....	.. OH.....	.. NIA.....	UPH	Ownership.....	..1.880	UPH .....	... NO.....	...
...	84-4147978 ..	...	...	...	OpenLoop Health Inc. ....	.. DE.....	.. NIA.....	UPH	Ownership.....	.. 4.900	UPH .....	... NO.....	...
...	84-2146698 ..	...	...	...	SEI Global Private Assets V, LP .....	.. PA.....	.. NIA.....	UPH	Ownership.....	.. 6.390	UPH .....	... NO.....	...
...	42-1429641 ..	...	...	...	Mississippi Medical Plaza, L.C. ....	.. IA.....	.. NIA.....	INDIRECTLY-TRINITY MEDICAL CENTER	Ownership.....	..26.210	UPH .....	... NO.....	...
...	26-1951557 ..	...	...	...	Fresenius Kidney Care Madison, LLC .....	.. WI.....	.. NIA.....	WISCONSIN DIALYSIS, INC.	Ownership.....	..30.000	UPH .....	... NO.....	...
...	26-1951557 ..	...	...	...	Fresenius Kidney Care Madison, LLC .....	.. WI.....	.. NIA.....	INDIRECTLY-MERITER HOSPITAL, INC.	Ownership.....	..13.500	UPH .....	... NO.....	...

Asterisk	Explanation
1	HealthPartners Unity Point Health, Inc. is equally owned and controlled by its two corporate members - HealthPartners, Inc. and Iowa Health System d/b/a Unity Point Health.
2	This entity "directly controls" its subsidiary or affiliate through its right to name and/or approve certain of the Board members and its subsidiary or affiliate and through reserved powers (approval rights) respecting significant decisions of the Board of its subsidiary or affiliate.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



NONE

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

Schedule BA - Verification - Other Long-Term Invested Assets

N O N E

Schedule D - Verification - Bonds and Stock

N O N E

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

N O N E

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	16,380,454	32,161,861
2. Cost of cash equivalents acquired	124,570,242	211,034,810
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	111,903,405	226,816,217
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	29,047,291	16,380,454
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	29,047,291	16,380,454

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
JP MORGAN – CASH ACCOUNTS PAYABLE MINNEAPOLIS, MN .....					..... (40,705) .....	..... 0 .....	..... 0 .....	...XXX.
JP MORGAN – GENERAL OPERATING MINNEAPOLIS, MN .....					..... 2,340,352 .....	..... (5,639,226) .....	..... 860,548 .....	...XXX.
JP MORGAN – CASH SELF INSURED MINNEAPOLIS, MN .....					..... 449,201 .....	..... (5,064,432) .....	..... (332,866) .....	...XXX.
JP MORGAN – CASH LEVEL FUNDED MINNEAPOLIS, MN .....					..... 96,570 .....	..... 90,167 .....	..... 91,934 .....	...XXX.
JP MORGAN – CASH LEVEL FUNDED TRUST MINNEAPOLIS, MN .....					..... 430,818 .....	..... 479,926 .....	..... 521,606 .....	...XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	3,276,236	(10,133,565)	1,141,222	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	3,276,236	(10,133,565)	1,141,222	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....							
.....							
.....							
.....							
.....							
.....							
.....							
0599999. Total - Cash	XXX	XXX	0	0	3,276,236	(10,133,565)	1,141,222	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]